

or, as Dr. Denise Avard and Ms. Louise Hanvey (*Can Med Assoc J* 1988; 139: 1035) seem to suggest, a percentage of cases of hyperactivity may be caused by food sensitivities (allergies). However, as with chronic fatigue syndrome in adults, I do dispute the number of cases of hyperactivity diagnosed in children.

Clinical interviews and extensive psychological testing by a child psychiatrist revealed that five children in my practice who had previously been considered as hyperactive by the school systems had, in fact, motivational problems rather than any form of minimal brain dysfunction. Four had superior to very superior intelligence quotients despite poor grades in school, and all five demonstrated gross deficits in superego (conscience) formation such that they are at considerable risk for psychopathic (antisocial) behaviour in later life. Although according to the parents an elimination diet in one and methylphenidate hydrochloride (Ritalin) in the other four produced considerable improvement, so did a stimulating, structured environment. I agree with Dr. Margaret Cox (*Can Med Assoc J* 1988; 139: 1035) that "undue preoccupation with diet can be disadvantageous to the child".

The term "hyperactivity", like "chronic fatigue syndrome", is vague, descriptive and unscientific; its change in the diagnostic manual of the American Psychiatric Association<sup>1</sup> to "attention deficit disorder" or "attention deficit hyperactivity disorder" (ADHD) merely confirms the validity of the French proverb "*Plus ça change, plus c'est la même chose*". More important, such vagueness can lead to misdiagnosis and inappropriate prescribing of psychostimulants. These drugs do improve attention span and behaviour, not only in genuine cases of ADHD but also in "pseudo-cases" — instances of motivational problems. It would be unfortunate if the adverse publicity about the psychostimulants, particularly methylphenidate, drove away those with genuine ADHD.

The findings in my practice

support Coles' view of the doubtful validity of classifying children who are underachievers as having learning disabilities, including ADHD.<sup>2</sup> And unless society supplies the consistent stimulating and structured environment that underachievers require,<sup>2,3</sup> psychostimulants will continue to be prescribed for our more boisterous and intelligent youngsters.

On this decision rests the future of some of the brightest of our children.

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## References

1. *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed (rev), Am Psychiatr Assoc, Washington, 1987
2. Coles R: *The Learning Disabilities*, Pantheon, New York, 1987
3. Holland R: *Child Development in Turbulent Times*, World Univ Pr, Benson, Ariz, 1988

## Glass is detectable on plain radiographs

Supporting Dr. Shawn W. O'Driscoll's comments in his case report (*Can Med Assoc J* 1988; 139: 643-644) is Fig. 1, a photograph of an x-ray film obtained post mortem showing a small triangle of window-

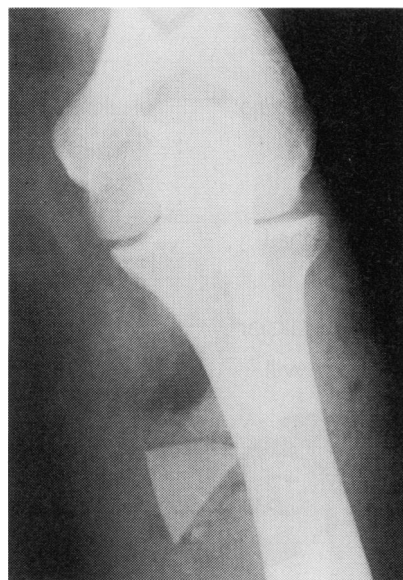


Fig. 1 — Triangle of glass embedded in radial artery.

pane glass that embedded itself in the radial artery of a young male. The glass was not visible on external examination, and through lack of emergency and other medical attention the patient died.

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## Chronic fatigue syndrome [correction]

In the second letter under this headline in the Feb. 15, 1989, issue of *CMAJ* (140: 361, 364), from Dr. Ray Holland, the title of the symposium cited in reference 5 was given incorrectly. It should have read as follows: "*Panic Disorder — Relative Merits of Pharmacotherapy and Psychotherapy*". We apologize to Dr. Holland for any embarrassment we may have caused. — Ed.

## HSOs: Ontario's answer to HMOs? [correction]

The monies received by health service organizations (HSOs) in Ontario through the Ambulatory Care Incentive Program are one-third the savings. As such, the second sentence in the fifth paragraph of the article by Darrel J. Weinkauff and Dr. Hugh E. Scully (*Can Med Assoc J* 1989; 140: 515-519) should have read as follows: "Payments can be supplemented through the Ambulatory Care Incentive Program, wherein the HSO is given a sum of money equal to one-third the savings calculated as the difference in the average number of patient days . . .". In the eighth paragraph the second sentence should have referred to literature on HMOs (health maintenance organizations) rather than literature on HSOs. — Ed.